PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/816,081			ling Date 01/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE	_	N/A	.ED INON	N/A		N/A	FEL (e)		N/A	FEL (#)
┝	(37 CFR 1.16(a), (b), (or (c))							l		
Ľ	SEARCH FEE (37 CFR 1.16(k), (i), c		N/A		N/A		N/A			N/A	
	(37 CFR 1.16(o), (p), o		N/A		N/A		N/A			N/A	
TO (37	TAL CLAIMS CFR 1.16(i))		minus 20 = *		•		x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *]	x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		l			1		
* If	the difference in colu	umn 1 is less than	r "0" in column 2.		TOTAL]	TOTAL			
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
ΙΝ	11/08/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1.18())	• 9	Minus	 32	= 0	H	X \$25 =	0	OR	x s =	,
	Independent (37 CFR 1.16(h))	• 1	Minus	4	= 0	1	X \$105 =	0	OR	x \$ =	
Ž	Application Size Fee (37 CFR 1.16(s))										
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Г							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
F		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z I	Total (37 CFR 1,16(i))		Minus		=	П	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x s =	
핆	Application Size Fee (37 CFR 1.16(s))					1]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20". Will the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". Wanda D, Mitchell The "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". Wanda D, Mitchell Wanda D, Witchell Wanda D, Mitchell Wanda D, Witchell Wanda D, Witchell											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost life light by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.14. This collection in extensive this line 22 vanishes to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burden, about the sent to the CER information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450.